

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045120

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 336

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fulton</b>		c. CITY OR TOWN <b>Fulton</b>	
Length of stay in lb <b>1 day</b>		Inside Limits <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) - HOSPITAL OR INSTITUTION <b>Callaway Memorial Hosp</b>		d. STREET ADDRESS (If outside, give location) <b>R.F.D. # 1</b>	
3. NAME OF DECEASED (Type or print) First <b>Bertha</b> Middle <b>Mae</b> Last <b>Hickman</b>		4. DATE OF DEATH Month <b>Dec.</b> Day <b>24</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/13/1889</b>
9. AGE (last birthday) <b>64</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (City and state or country) <b>Calwood, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Reed Myers</b>		13b. MOTHER'S MAIDEN NAME <b>Dora Womack</b>	
14. NAME OF HUSBAND OR WIFE <b>Richard B. Hickman</b>		Address <b>R.F.D. # 1</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Richard B. Hickman</b>		Address <b>Fulton, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. Death was caused by: IMMEDIATE CAUSE (a) <b>Myocardial Infarction with collapse</b> DUE TO (b) <b>Coronary occlusion</b> DUE TO (c) <b>Coronary insufficiency &amp; atherosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b> <b>year</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>6:55</b> a.m. <b>p.m.</b> Month, Day, Year <b>24 Dec 62</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
20e. CITY, TOWN, OR LOCATION <b>Fulton</b>		COUNTY <b>Callaway</b> STATE <b>Mo</b>	
21. I attended the deceased from <b>24 Dec 62</b> to <b>24 Dec 62</b> and last saw her alive on <b>24 Dec 62</b> Death occurred at <b>6:55</b> <b>p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>S. R. [Signature]</b> (Signed or title) <b>MS</b>	
22b. ADDRESS <b>Fulton Mo</b>		22c. DATE SIGNED <b>16 Dec 62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec. 27, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ebenezer Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>F. Fulton Mo</b>
24. FUNERAL DIRECTOR <b>Browning Funeral Home, Fulton Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Dec 26 - 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>			

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *A. H. Moore*

Licensed Embalmer No. 4996

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.